

**Inyo County Behavioral Health Services]**  
**[Fiscal Year (FY) 20/21] Specialty Mental Health Triennial Review**  
**Corrective Action Plan**

**Chart Review**

**Requirement**

MHP Contract, Exhibit A, Attachment 2, Timeliness /Frequency Standard for Assessment. The contractor shall establish written standards for timeliness and frequency for the elements identified in item A of this section, regarding Assessment and evaluation/determination of Medical Necessity.

Medical record must establish that beneficiary met the medical necessity criteria outlined in CCR, title 9 1830.205(b).

**DHCS Finding [8.1.1]**

The medical record did not establish that beneficiary met the medical necessity criteria outlined in CCR, title 9 1830.205(b).

The MHP did not submit documentation substantiating that the beneficiary met medical necessity criteria for the provision of Specialty Mental Health Services, as established by a current assessment, in accordance with the MHP Contract, Exhibit A, Attachment 2.

**Corrective Action Description**

MHP will ensure that the beneficiary meets medical necessity criteria and is eligible for the provision of Specialty Mental Health Services, as established by a current assessment by:

- Providing training to staff on re-assessing for medical necessity through annual and as needed re-assessment process. Clinicians will continually evaluate Medical Necessity and progress as specified in CCR, title 9 1830.205(b) throughout treatment to determine medical necessity.
- Training in EHR to ensure annual re-assessment and medical necessity are determined and current.

**Proposed Evidence/Documentation of Correction**

1. The MHP will provide proof of training on determination of Medical Necessity and Assessment timeliness as established by a current assessment as outlined in CCR, title 9 1830.205(b) and MHP Contract, Exhibit A, Attachment 2.
2. Periodic Chart Review to ensure that timeliness and current Medical Necessity are complete and established by a current assessment and is consistent with the presenting problems, history, mental status examination and/or other clinical data documented in the assessment.

**Ongoing Monitoring (if included)**

Chart Reviews are reviewed during ongoing compliance monitoring with DHCS.

**Person Responsible (job title)**

Chrystina Pope, Clinical Administrator

**Implementation Timeline:**

Update MHP Documentation Training and P & P regarding Documentation: April 2022

Update Draft P&P and MHP Documentation Training: May 2022

Disseminate to staff/Train on P&P: May 2022

Fully Implemented: June 2022

**Requirement**

The MHP's contract with DHCS indicates that assessments are to be updated annually for all beneficiaries as outlined in MHP contract with DHCS, Exhibit A-Attachment 9, Documentation Requirements A(2). Timeliness/Frequency Standards for Assessment, the contractor shall establish written standards for timeliness and frequency for the elements identified in item A. Per the MHP's policy, initial assessments are to be completed within 60 days of the episode opening date for all beneficiaries. The MHP's policy also indicates that assessments are to be updated annually for all beneficiaries as outlined in MHP contract with DHCS, Exhibit A-Attachment 9, Documentation Requirements A(2).

**DHCS Finding [8.2.1 ]**

Assessments were not completed in accordance with regulatory and contractual requirements, specifically:

One or more Assessments were not completed within the initial timeliness and/or update frequency requirements specified in the MHP's written documentation standards. Per the MHP's policy, initial assessments are to be completed within 60 days of the episode opening date for all beneficiaries. The MHP's policy also indicates that assessments are to be updated annually for all beneficiaries as outlined in MHP contract with DHCS, Exhibit A-Attachment 9, Documentation Requirements A(2).

**Corrective Action Description**

MHP will provide additional training regarding timeliness to ensure compliance with Assessment requirements. Training will also include training on EHR to create a reminder for annual Re-Assessments to be in compliance with regulatory and

contractual requirements that initial assessment is completed within 60 days and that assessments are updated as needed and annually for all beneficiaries.

### **Proposed Evidence/Documentation of Correction**

Proof of training on Assessment with in the MHP Documentation training to ensure compliance with regulatory and contractual requirements for all staff.

### **Ongoing Monitoring (if included)**

Periodic chart reviews and ongoing compliance monitoring with DHCS.

### **Person Responsible (job title)**

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

### **Implementation Timeline:**

Research regulations and other county Pathways to Well Being/ ICC program: April 2022

Stake holder feedback & Draft P&P: May 2022

Disseminate to staff/Train on P&P: May 2022

Fully Implemented: June 2022

### **Requirement**

As outlined in MHP's Contract with DHCS, Exhibit A- Attachment 9, documentation Requirements section A. Assessments, e) Medications, which states:

Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration of medical treatment. The assessment shall include documentation of the absence or presence of allergies or adverse reactions to medications, and documentation of an informed consent for medications.

### **DHCS Finding [8.3.1 ]**

The provider did not obtain and retain a current written medication consent form signed by the beneficiary agreeing to the administration of each prescribed psychiatric medication, and there was no documentation in the medical record of a written explanation regarding the beneficiary's refusal or unavailability to sign the medication consent.

### **Corrective Action Description**

MHP will provide additional training to ensure that the provider obtained and retains a current written medication consent form signed by the beneficiary:

1. MHP will develop written documentation standards in regards to update/frequency for Medication Consents.
2. A written medication consent form is obtained and retained for each medication prescribed and administered under the direction of the MHP.
3. Written medication consent forms are completed in accordance with the MHP's written documentation standards.

### **Proposed Evidence/Documentation of Correction**

Updated P&P Medication Consent that reflects written documentation standards in regards to update/frequency for Medication Consent.

Proof of training on Medication Consents within the MHP Documentation training to ensure compliance with regulatory and contractual requirements for all staff.

### **Ongoing Monitoring (if included)**

Periodic chart reviews and ongoing compliance monitoring with DHCS.

### **Person Responsible (job title)**

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

### **Implementation Timeline:**

Develop written documentation standards in regards to update/frequency for Medication Consent and add to P&P Medication Consent. May 2022

Draft P&P: May 2022

Disseminate to staff/Train on P&P: May 2022

Fully Implemented: June 2022

### **Requirement**

As outlined in MHP's Contract with DHCS, Exhibit A- Attachment 9, documentation Requirements section B. Client Plans, 1a,b and c

- a) Have specific observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis.;
- b) Identify the proposed type(s) of interventions/modality including a detailed description of the intervention to be provided;
- c) Have proposed frequency and duration of interventions(s)

### **DHCS Finding [8.4.2b ]**

Services claimed and documented on the beneficiary's progress notes were not sufficient and consistent in amount, duration or scope with those documented on the beneficiary's current Client Plan, specifically regarding a service frequency of monthly or Ad Hoc for a listed intervention. There was of no evidence in the medical record that this service was offered or provided during the three-month review period.

### **Corrective Action Description**

The MHP will ensure that services are provided in the amount, duration, and scope as specified in the Individualized Client Plan for each beneficiary by the following:

1. MHP will develop/update written documentation standards identifying the proposed type(s) of interventions/modality including a detailed description of the intervention to be provided; and to ensure that proposed frequency and duration of interventions(s) is clearly stated within the Client Plan in accordance with the MHP's written documentation standards.

### **Proposed Evidence/Documentation of Correction**

Update P&P Client Plan and MHP Documentation Training that reflects written documentation standards in regards to proposed frequency and duration for each specific intervention within the Client Plan.

Proof of training on P & P Client Plan and MHP Documentation training to ensure compliance with regulatory and contractual requirements for all staff.

### **Ongoing Monitoring (if included)**

Periodic chart reviews and ongoing compliance monitoring with DHCS.

### **Person Responsible (job title)**

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

### **Implementation Timeline:**

Update Documentation training to ensure written documentation standards in regards to frequency and duration for Client Pan. May 2022

Update P& P Medication Consent. May 2022

Draft P&P and Documentation Training: May 2022

Disseminate to staff/Train on P&P/ Documentation Training: May 2022

Fully Implemented: June 2022

### **Requirement**

As outlined in MHP's Contract with DHCS, Exhibit A- Attachment 9, documentation Requirements section B. Client Plans; MHP shall ensure that Client Plan is complete prior to the delivery of planned services and are updated at least annually or reviewed when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards).

### **DHCS Finding [8.4.3]**

Client Plans were not completed prior to the delivery of planned services and/or were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards).

### **Corrective Action Description**

The MHP will ensure that Client Plan is completed and/ or updated at least annually or reviewed when there was a significant change in the beneficiary's condition.

- MHP will update written documentation standards and training identifying the necessity for Client Plan to be completed prior to services and/ or updated at least annually or reviewed when there was a significant change in the beneficiary's condition
- Periodic Chart Reviews will monitor timeliness and completion of initial and updated Client Plans.

### **Proposed Evidence/Documentation of Correction**

Update P&P Client Plan and MHP Documentation Training that reflects written documentation standards in regards to the necessity of completion and/ or update of the Client Plan.

Proof of training on P&P Client Plan and MHP Documentation training to ensure compliance with regulatory and contractual requirements for all staff.

### **Ongoing Monitoring (if included)**

Periodic chart reviews and ongoing compliance monitoring with DHCS.

### **Person Responsible (job title)**

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

### **Implementation Timeline:**

Update Documentation training to ensure written documentation standards in regards to frequency and duration for Client Pan. May 2022

Update P& P Medication Consent. May 2022

Draft P&P and Documentation Training: May 2022

Disseminate to staff/Train on P&P/ Documentation Training: May 2022

Fully Implemented: June 2022

## **Requirement**

As outlined in MHP's Contract with DHCS, Exhibit A- Attachment 9, documentation Requirements section B. Client Plans; MHP shall ensure that Client Plan is complete prior to the delivery of planned services and are updated at least annually or reviewed when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards).

## **DHCS Finding [8.4.3a]**

Client Plans were not were not updated at least annually or reviewed and updated when there was a significant change in the beneficiary's condition (as required in the MHP Contract with the Department and/or as specified in the MHP's documentation standards).

One or more client plan(s) was not updated at least annually and/or when there were significant changes in the beneficiary's condition. Specifically:

- There was a **lapse** between the prior and current Client Plans.

## **CORRECTIVE**

### **Corrective Action Description**

The MHP will ensure that Client Plan is updated at least annually or reviewed when there was a significant change in the beneficiary's condition.

- MHP will update written documentation standards and training identifying the necessity for Client Plan to be completed prior to services and/ or updated at least annually or reviewed when there was a significant change in the beneficiary's condition
- Periodic Chart Reviews will monitor timeliness and completion of annual/ updated Client Plans.

### **Proposed Evidence/Documentation of Correction**

Update P&P Client Plan and MHP Documentation Training that reflects written documentation standards in regards to the necessity of annual update of the Client Plan.

Proof of training on P&P Client Plan and MHP Documentation training to ensure compliance with regulatory and contractual requirements for all staff.

## **Ongoing Monitoring (if included)**

Periodic chart reviews and ongoing compliance monitoring with DHCS.

**Person Responsible (job title)**

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

**Implementation Timeline:**

Update Documentation training to ensure written documentation standards in regards to frequency and duration for Client Plan. May 2022

Update P&P Medication Consent. May 2022

Draft P&P and Documentation Training: May 2022

Disseminate to staff/Train on P&P/ Documentation Training: May 2022

Fully Implemented: June 2022

**Requirement**

As outlined in MHP's Contract with DHCS, Exhibit A- Attachment 9, documentation Requirements section B. Client Plans; MHP shall ensure that Client Plans:

- 1a) Have specific observable and /or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairments as a result of the mental health diagnosis:
- 1c) Have a proposed frequency and duration of intervention(s).
- 1d) Have interventions that focus and address the identified functional impairments as a result of the mental disorder (from Cal. Code Regs., tit. 9 1830.205(b)); have interventions that are consistent with the client plan and goal.

**DHCS Finding [8.4.4]**

Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more goal/treatment objective was not specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments
- One or more proposed intervention did not include an expected frequency or frequency range that was specific enough.
- One or more proposed intervention did not include an expected duration.

**Corrective Action Description**

1. The MHP will ensure that Client Plan P&P and written documentation standards specifies that goal/treatment objective is specific, observable, and/or quantifiable



and related to the beneficiary's mental health needs and identified functional impairments and that client plans include expected frequency and duration.

2. MHP will update written documentation standards and provide training identifying the necessity for Client Plan as outlined above.
3. Periodic Chart Reviews will monitor goal/ treatment objectives content to be specific, observable, and/or quantifiable and related to the beneficiary's mental health needs and identified functional impairments and expected frequency and duration of intervention.

### **Proposed Evidence/Documentation of Correction**

Update P&P Client Plan and MHP Documentation Training that reflects written documentation standards in regards to the necessity of annual update of the Client Plan.

Proof of training on P&P Client Plan and MHP Documentation training to ensure compliance with regulatory and contractual requirements for all staff.

### **Ongoing Monitoring (if included)**

Periodic chart reviews and ongoing compliance monitoring with DHCS.

### **Person Responsible (job title)**

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

### **Implementation Timeline:**

Update Documentation training to ensure written documentation standards in regards to frequency and duration for Client Pan. May 2022

Update P& P Medication Consent. May 2022

Draft P&P and Documentation Training: May 2022

Disseminate to staff/Train on P&P/ Documentation Training: May 2022

Fully Implemented: June 2022

### **Requirement**

As outlined in MHP's Contract with DHCS, Exhibit A- Attachment 9, documentation Requirements section B. Client Plans; MHP shall ensure that Client Plans:

1f) be signed or electric equivalent by:

- i. The person providing the service(s) or,
- ii. A person representing a team or program providing services

- iii. A person representing the contractor providing services; or
- iv. By one of the following as a co-signer, if the client plan is used to establish that services are provided under the direction of an approved category of staff, and the signing staff is not of the approved category:
  - a) A physician
  - b) A licensed/waivered psychologist
  - c) A licensed/registered waived social worker
  - d) A licensed/registered/ waived marriage and family therapist.
  - e) A registered nurse, including but not limited to nurse practitioners, and clinical nurse specialists.

### **DHCS Finding [8.4.12]**

Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more Client Plan did not include signature of the person providing the service (or electronic equivalent) that includes the person's professional degree, licensure, job title, relevant identification number. Specifically: Missing provider's professional degree, licensure, or job title on the Client Plan in effect during the review period.

### **Corrective Action Description**

- 4. The MHP will ensure that Client Plan P&P and written documentation standards specifies that all documentation includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title.
- 5. MHP will provide training identifying the necessity for Client Plan as outlined above.
- 6. Periodic Chart Reviews will monitor that specifies that all documentation includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title.

### **Proposed Evidence/Documentation of Correction**

MHP will provide proof or Documentation Training that reflects that written documentation specifies that all documentation includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title to ensure compliance with regulatory and contractual requirements for all staff.

### **Ongoing Monitoring (if included)**

Periodic chart reviews and ongoing compliance monitoring with DHCS.

### **Person Responsible (job title)**

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

### **Implementation Timeline:**

Update Documentation training to ensure written documentation standards in regards to frequency and duration for Client Plan. May 2022

Update P&P Medication Consent. May 2022

Draft P&P and Documentation Training: May 2022

Disseminate to staff/Train on P&P/ Documentation Training: May 2022

Fully Implemented: June 2022

### **Requirement**

As outlined in MHP's Contract with DHCS, Exhibit A- Attachment 9, documentation Requirements section B. Client Plans; MHP shall ensure that Progress Notes:

- 1) The Contractor shall ensure that progress notes describe how services provided reduce impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items that shall be contained in the client record related to the beneficiary's progress in treatment include:
  - a) Timely documentation of relevant aspect of the beneficiary care, including documentation of medical necessity;
  - h) The signature of the person providing the service (or electronic equivalent); the person's type of professional degree, licensure, or job title.

### **DHCS Finding [8.5.2]**

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

- One or more progress note was not completed within the MHP's written timeliness standard of 7 days after provision of service. Fifteen (9.3 percent) of all progress notes reviewed were completed late (91.7% compliance).
- One or more progress note was missing the provider's professional degree, licensure or job title. Six (3.7 percent) of all progress notes reviewed did not include the provider's professional degree, licensure or job title (96.3% compliance).

### **Corrective Action Description**

7. The MHP will ensure that Client Plan P&P and Written Documentation Standards specifies that Progress Notes are to be completed within 7 days after provision of services, as well as, all documentation includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title.

8. MHP will provide training Written Documentation Training which includes and highlight's items outlined above.
9. Periodic Chart Reviews will monitor that specifies that all documentation includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title and Progress notes are completed within 7 days after provision of services.

### **Proposed Evidence/Documentation of Correction**

MHP will provide proof of Documentation Training that reflects that written documentation timeliness and specifies that all documentation includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title to ensure compliance with regulatory and contractual requirements for all staff.

### **Ongoing Monitoring (if included)**

Periodic chart reviews and ongoing compliance monitoring with DHCS.

### **Person Responsible (job title)**

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

### **Implementation Timeline:**

Update Documentation training to ensure written documentation standards in regards to Timeliness and includes the provider signature (or electronic equivalent) with the professional degree, licensure, or job title to ensure compliance with regulatory and contractual requirements for all staff. May 2022

Disseminate to staff/Train on Written Documentation Training: May 2022

Fully Implemented: June 2022

### **Requirement**

As outlined in MHP's Contract with DHCS, Exhibit A- Attachment 9, documentation Requirements section B. Client Plans; MHP shall ensure that Progress Notes:

- 2) The Contractor shall ensure that progress notes describe how services provided reduce impairment, restored functioning, or prevented significant deterioration in an important area of life functioning outlined in the client plan. Items that shall be contained in the client record related to the beneficiary's progress in treatment include:
  - b) Documentation of relevant encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions

- c) Intervention applied, beneficiary's response to the interventions and location of interventions.

### **DHCS Finding [8.5.3]**

Documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time did not include all required components. Specifically:

- While the MHP was able to provide separate documentation listing the number of participants in each group, one or more group progress notes did not accurately document the number of participants in the group.

### **Corrective Action Description**

10. The MHP will ensure that Written Documentation Standards specifies that Progress Notes contain documentation of relevant encounters reflecting the actual number of clients' participation in a group activity when Group Rehabilitation or Group therapy encounters are had.
11. MHP will provide training Written Documentation Training which includes and highlight's items outlined above.
12. Periodic Chart Reviews will monitor all multi Beneficiary interventions documentation includes an accurate number of participants in the group.

### **Proposed Evidence/Documentation of Correction**

MHP will provide proof of Written Documentation Training that reflects accurate number of group participants within the Progress note.

### **Ongoing Monitoring (if included)**

Periodic chart reviews and ongoing compliance monitoring with DHCS.

### **Person Responsible (job title)**

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

### **Implementation Timeline:**

Update Documentation training to ensure written documentation standards in regards to documenting accurate number of participants in group interventions to ensure compliance with regulatory and contractual requirements for all staff. May 2022

Disseminate to staff/Train on Written Documentation Training: May 2022

Fully Implemented: June 2022

### **Requirement**

ICC and IHBS must be provided to all children and youth who meet medical necessity criteria of those services. The MHP must make individual determinations of each child's/ youth's need for ICC and IHBS, based on the child's/ youth's strengths and needs. This is to be done for all youth who: are under the age of 22, are eligible for the full scope of Medi-Cal services and meet medical necessity criteria for SMHS. Membership in the Katie A subclass is not a prerequisite to receiving ICC and IHBS (DHCS MHSUDS Information Notice No: 16-004P)

### **DHCS Finding [8.6.1]**

- 1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs. It should be noted that the MHP does not currently have an ICC and/or IHBS policy in place that covered the review period, nor were they providing any intensive services to their youth beneficiaries during the review period.
- 2) The medical record associated with the following Line numbers did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate; such services were included in their Client Plan:

### **Corrective Action Description**

13. The MHP will develop an ICC/ IHBS policy and procedure to ensure screening for all youth in services. MHP will work with CSOC partners to develop a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.
14. MHP will develop and implement ICC/IHBS screening tool.
15. MHP will develop Written Documentation standards to include screening for all youth to determine eligibility for ICC/ IHBS and if eligible will be added to Individualized Client Plan.
16. MHP will provide training for all staff of ICC/IHBS P&P and update Written Documentation Training to include this information.
17. Periodic Chart Reviews will monitor the screening, client plans and progress note to accurately reflect the ICC/IHBS P&P.

### **Proposed Evidence/Documentation of Correction**

1. MHS will identify and implement screening tool for ICC/ IHBS
2. MHS will develop and implement P&P for ICC/IHBS screening and interventions.
3. MHP will provide proof of Written Documentation Training that reflects ICC/IHBS P&P and screening process.
4. MHP will update Chart Review tool to include ICC/IHBS screening and intervention.

**Ongoing Monitoring (if included)**

Periodic chart reviews and ongoing compliance monitoring with DHCS.

**Person Responsible (job title)**

Kimball Pier, BH Deputy Director and Chrystina Pope, Clinical Administrator

**Implementation Timeline:**

1. MHS will identify and implement screening tool for ICC/ IHBS: May 2022
2. MHS will develop and implement P&P for ICC/IHBS screening and interventions July 2022.
3. MHP will provide proof of Written Documentation Training that reflects ICC/IHBS P&P and screening process. July 2022
4. MHP will update Chart Review tool to include ICC/IHBS screening and intervention. July 2022
5. Disseminate to staff/Train on Written Documentation Training: August 2022
6. Fully Implemented: August 2022